



Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

2006 RIDESHARE PROGRAM BASE REPORT

The Rideshare Regulation, 310 CMR 7.16 (4) requires facilities to provide base data on how their commuting population commutes to work. Facilities filing for the first time must complete this form.

A. Facility Information

Facility Name _____

Facility Street Address¹ _____

City/Town _____

State _____

Zip Code _____

Contact Person: _____

Telephone: (_____) _____

B. Facility Applicability and Sections of Form to Complete

See *Guidance on Complying with the Rideshare Regulation* for help with this section.

1. **Facility Applicability.** Provide the numbers required below:

Total number of commuters²: _____ Total number of *applicable* commuters³: _____

2. **Sections of Form to Complete.** See the information below to determine which sections of the form you must complete.

Non-Educational Facilities

Sections of Form to Complete

- | | |
|---|---|
| ◆ Facilities with 249 or less applicable commuters | ◆ Sign Section I. |
| ◆ Facilities <u>with</u> a DEP Operating Permit and 250 or more applicable commuters | ◆ Complete entire form. |
| ◆ Facilities <u>without</u> a DEP Operating Permit Program and 250 to 999 applicable commuters | ◆ DEP will phase in your facility in the future. Sign Section I or you may also complete the entire form. |
| ◆ Facilities <u>without</u> a DEP Operating Permit Program and 1,000 or more applicable commuters | ◆ Complete entire form. |

Educational Facilities

Sections of Form to Complete

- | | |
|--|-------------------------|
| ◆ Facilities with 999 or less applicable commuters | ◆ Sign Section I. |
| ◆ Facilities with 1,000 or more applicable commuters | ◆ Complete entire form. |

C. Summary Information on Commute Data Collection Method

1. **Commute Data Collection Week.** Select one week to collect commute data and indicate the dates that your facility collected the data: From _____ to _____
2. **Total Number of Applicable Trips.** Calculate the total number of possible trips:

$$\frac{\text{_____} \# \text{ Work Days in Data Collection Week} \times \text{_____} \text{ Total \# Applicable Commuters}^4}{\text{_____} \text{ Total \# Possible Trips by Applicable Commuters}}$$

¹ Please attach a list of all building locations within walking distance or within a one-mile radius.

² "Commuters" refers to all employees at the facility. For educational facilities, this includes all employees and students.

³ "Applicable commuters" refers to *applicable employees*. Applicable employees work 17 hours or more per week for 20 weeks or more per year; are scheduled to begin and complete their workday between 6 a.m. and 8 p.m.; and, use their vehicle during work hours less than five times a month. For educational facilities, "applicable commuters" refers to *applicable employees and students*. Applicable students are: full-time commuting students; scheduled to begin and complete their classes between 6 a.m. and 8 p.m.; and need their vehicles for class purposes or after-school work less than five times a month.

⁴ Facilities using the Random Sample Method, enter the number of applicable commuters in your sample size.



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3. **Commute Data Collection Method.** See *Guidance on Collecting Commute Data* for a detailed description of each survey method. Please check ☒ the commute data collection method your facility used:

☐ Census Survey (your facility distributed surveys to *all* applicable commuters)

☐ Random Sample Survey (your facility distributed surveys to a randomly selected sample of applicable commuters)

☐ Direct Count (your facility counted applicable commuters in vehicles entering parking lots and all other means of collecting commute data)

4. **Description of Commute Data Collection Method**

Census Survey Method:

Include a description of how your facility conducted the census survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data please attach the survey to this report.

Random Sample Survey Method:

Include a description of how your facility conducted the random sample survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data, please attach the survey to this report. In accordance with the method described in the *Guidance on Collecting Commute Data*, please provide the:

1. Number of applicable commuters your facility was required to sample_____
2. Sample skip interval_____
3. Sample's random number start_____

Direct Count Method:

Include a description of how your facility conducted the direct count. Explain what transportation records were reviewed to obtain commuter data.



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5. **Commute Data Collection Method Response Rate.** Please provide the response rate your facility obtained with its commute data collection method. Count only those surveys completed by *applicable* commuters. Please refer to *Guidance on Collecting Commute Data* for details on the minimum response rate for each method.

a. **Census Survey Method.**

$$\frac{\text{\# of Applicable Commuters Responding to Survey}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Census Survey Response Rate \%}$$

b. **Random Sample Survey Method.**

$$\frac{\text{\# of Applicable Commuters in Sample Responding to Survey}}{\text{Total \# of Applicable Commuters in Sample}} \times 100 = \text{Random Sample Survey Response Rate \%}$$

c. **Direct Count Method.**

$$\frac{\text{\# of Applicable Commuters Counted}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Direct Count Response Rate \%}$$

D. Summary of Commute Data (SCD) Forms

Use the table below to determine the *Summary of Commute Data (SCD) Form* your facility must complete based on your commute data collection method and response rate. You must submit your SCD form to DEP with this report.

If your facility used the ...	And you obtained commute data from...		You count your non-responders by using...
Census Survey or Direct Count Method	≥ 90% of your applicable commuters		SCD Form 1
	≥ 75% but < 90% of your applicable commuters		SCD Form 2
	≥ 50% but < 75% of your applicable commuters and	1. your facility opts to implement one additional drive-alone trip reduction incentive in addition to the incentives already implemented ⁵	SCD Form 2
		2. your facility opts NOT to implement an additional trip reduction incentive ⁶	SCD Form 3
Random Sample Survey Method	All applicable commuters in your sample		SCD Form 4
	≥ 90% of the applicable commuters in your sample		SCD Form 4

⁵ See the list of *Optional Drive-Alone Trip Reduction Incentives* in the *Guidance on Collecting Commute Data* for a list of bicycling incentives, work schedules and other incentives that your facility may opt to put into place.

⁶ Selecting this option will increase your facility's number of drive-alone commute trips (DACTs). On Form 3, non-responder commuters are counted as drive-alone commuters. This will increase the number of DACT reductions your facility needs to meet its 25% DACT reduction goal.



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E. Percent of Drive-Alone Trips

Follow the steps below to provide data on the percent of applicable commuters who drive alone to the facility.

Action	Number
1. Total # of Drive-Alone Trips ("A" from your <i>Summary of Commute Data Form</i>).	
2. Total # of Trips, All Commute Modes ("J" from your <i>Summary of Commute Data Form</i>).	
3. Divide line 1 by line 2.	
4. Multiply line 3 by 100. This is the percent of drive-alone trips at your facility.	%

F. Implementation, Publicity, and Maintenance of Trip Reduction Incentives

1. **Status of Trip Reduction Incentives.** In the table below, check ☒ which incentives your facility currently implements, publicizes, and maintains and the number of trip reductions that have been achieved, if any, prior to this base report. The table lists the incentives that are required by 310 CMR 7.16(1).

All facilities must offer trip reduction incentives a, b and c.

Facilities that are located within one mile of public transit must also offer trip reduction incentives d, e and f.

Is your facility located within one mile of public transit? Yes ☐ No ☐

Facilities with 1000 or more applicable commuters⁷ must also offer trip reduction incentive g.

Does your facility have 1000 or more applicable commuters? Yes ☐ No ☐

Required Trip Reduction Incentive	Does your facility currently implement, publicize, and maintain this incentive?	If yes, how many drive-alone commute trip (DACT) reductions have resulted from each incentive ⁸ ?
a. Conduct carpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Designate preferential parking for carpools (and vanpools, if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. Establish bicycling incentives	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. Provide transit passes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Post bus schedules, rates and routes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Negotiate with bus providers	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Conduct vanpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Other: _____ Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
i. Add lines a. through h. Estimated Total # of DACT Reductions Achieved from Implementing Incentive(s) Prior to this Report. <i>Put this number in Section G, #3.</i>		

2. **Description of Trip Reduction Incentives Required by 310 CMR 7.16(1).**

Attach a detailed description of how each incentive has been implemented, publicized, and maintained. For any incentives not yet implemented, include the date that the incentive will be implemented within 30 days. For "negotiate with bus providers", please detail the request for improved service (for e.g. by letter, telephone, or meeting), the date of the request, and to whom the request was made.

⁷ Only educational facilities with 1000+ applicable employees are required to conduct vanpool matching.

⁸ This is an estimate of the increase of DACT reductions as a result of your facility's commuting options program prior to the base year. Please attach a documentation of how these reductions were achieved. Do not double count DACT reductions associated with more than one incentive.



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G. 2006 Drive-Alone Trip Reduction Goal

Your facility must set a goal to reduce the number of drive-alone commute trips to the facility by 25%. Follow the steps below to calculate your facility's 2006 Drive-Alone Trip Reduction Goal:

Action	Number
1. Total # of Drive-Alone Trips. ("A" from your Summary of Commute Data Form)	
2. Multiply Line 1 by 0.25.	
3. Enter the Estimated Total # of Trip Reductions that Have Been Achieved from Implementing Incentives Prior to Submitting this Form. (See Section F, #1i)	
4. Subtract Line 3 from Line 2. This is your 2006 Drive-Alone Trip Reduction Goal.	

H. Rideshare Program Cost Data (Optional)

Please write below or attach estimated costs for the start-up implementation, publicity, and maintenance of each required trip reduction incentive.

I. Certification Statement

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and supporting information and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Responsible Official

Title

Date

Print Name

(_____)_____
Telephone Number

Business Mailing Address

City/Town

State

Zip Code

E-mail Address

Submit this form by **December 31, 2006** to:

**Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Massachusetts Rideshare Program
One Winter Street
Boston, Massachusetts 02108**

If your facility was required to collect commuter data, submit your *Summary of Commute Data* form along with a sample copy of your survey/direct count form. Any questions? Call the Massachusetts Rideshare Program at 617-292-5663.